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Article

Fatty Acids Composition of Vegetable Oils and Its Contribution to Dietary Energy Intake and Dependence of Cardiovascular Mortality on Dietary Intake of Fatty Acids

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Acute Respiratory Distress Syndrome: Role of Oleic Acid-Triggered Lung ...

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Here we discuss lung injury and inflammation mechanisms induced by a single fatty acid molecule, the oleic acid. For that, we focus on mechanisms .

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<https://www.myfooddata.com/articles/foods-high-in-ALA.php>

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<https://www.google.ru/amp/s/www.news-medical.net/amp/health/Oils-Rich-in-Linoleic-Acid.aspx>

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[ Photo ]

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Southwestern Medical Center in Dallas, suggests that foods with high levels of palmitic acid, a kind of saturated fat found in butter, cheese, and meat, may short-circuit the hormones responsible for sending ‘full’ signals to your brain. Without these hormones there is an increase in appetite that results in overeating. The research also suggests that eating this particular saturated fat on a regular basis can cause your brain to pay less attention to fullness cues and may lead to chronic overeating.

Don’t despair, there may be a simple fix – avoid foods high in palmitic acid and replace them with low fat or fat free foods or heart-healthy fats.

Bite this:

Low fat or fat free cheese

Beans (black, garbanzo, kidney, navy, soybeans, etc) – great source of protein and fiber without high levels of palmitic acid

Nuts (almonds, cashews, peanuts, walnuts, etc) – high in protein and fiber and an excellent source of heart healthy mono-unsaturated fat

Olive oil – high in mono-unsaturated fat

Omega-3 fatty acids (found in salmon, tuna, mackerel, walnuts, flaxseed, canola oil)

Not that:

Full fat cheese (cheddar, Swiss, Colby, Provolone, bleu cheese, etc)

Red meat, particularly high fat choices such as rib eye, ground beef, NY strip, prime rib

Butter or desserts made with butter

Corn oil

Palm oil (frequently added to processed foods that previously contained trans fat)

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<https://soundbitesnutrition.com/foods-high-in-palmitic-acid/>

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Therefore, OKT3 could not be given repeatedly for the treatment of a chronic process, such as

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Immunosuppressive therapy has been used to treat multiple sclerosis (MS) for over 30 years based on the hypothesis that MS is a T cell-mediated autoimmune disease. The most commonly used immunosuppressive agents in MS are azathioprine, cyclophosphamide, methotrexate, and mitoxantrone. Aug

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Mitoxantrone potently inhibits proliferation of B and T lymphocytes as well as macrophages. Other cells, such as antigen-presenting cells, are also killed and migration of the activated leukocytes is suppressed. Other modes of action for mitoxantrone include lowering the secretion of IFN- $\gamma$ , TNF- $\alpha$ , and IL-2 [62].

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T-cell depletion is the process of T cell removal or reduction, which alters the immune system and its response. Depletion can occur naturally or be induced for treatment purposes. TCD can reduce the risk of graft-versus-host disease, which is a common issue in transplants. W

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What drugs cause Lymphocytopenia?

The following medications may lower your lymphocyte level:

azathioprine (Imuran, Azasan)  
carbamazepine (Tegretol, Epitol)  
cimetidine (Tagamet)  
corticosteroids.  
dimethyl fumarate (Tecfidera)  
imidazoles.  
interferons.  
methotrexate (Trexall, Rasuvo)

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Thus, lymphopenia and calcineurin-dependent signaling seem to be primary mediators of CD4(+)CD25(high) Treg expansion in renal transplant patients. These findings will be instrumental in developing "tolerance permissive" immunosuppressive regimens in the clinical setting.

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Korczak-Kowalska G, et al. Transplant Proc. 2007. PMID: 18021968

CD4+ CD25+ FOXP3+ regulatory T cells increase de novo in kidney transplant patients after immunodepletion with Campath-1H.

Bloom DD, et al. Am J Transplant. 2008. PMID: 18261176

Ex-vivo expanded baboon CD4+ CD25 Hi Treg cells suppress baboon anti-pig T and B cell immune response.

Singh AK, et al. Xenotransplantation. 2012. PMID: 22497512

FOXP3+ regulatory T cells: from suppression of rejection to induction of renal allograft tolerance.

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Мой Номер Теле2 Узнать, [19.08.20 12:25]

his dairy-free recipes was inspired by my trip to India earlier this year... While I was walking along the road in the small village of Kallikadu, a random Indian woman invited me into her home for a cup of masala chai. Generally I would have said no to a stranger... but I was in India and had the opportunity to chat with a local in their home, of course I said yes! Her house was made of concrete with a metal roof and was no larger than my ensuite bathroom.

Her possessions included a couple of pots, a slab of wood she called a bed and a fire to cook her meals. We got to talking about my life at home, her childhood, food, family, why I traveled to India, religion, and if she'd ever gotten a chance to travel anywhere. She kept a bright smile stretched across her face, a warmth to her eyes and stayed present for the entire conversation. It was easy to see just how happy she was to be alive. Beside her, I felt so poor. As if nothing I'd ever accomplished mattered. How can I have everything I've ever wanted, but feel so empty? It just didn't make sense and it ripped at me for the duration of my stay. When I returned home, filling my life with stuff just didn't seem all that important anymore. I'd learned that making connections would create far more happiness from within than relying on the physical things ever would. I've begun spending more time with friends, getting involved in the community and have started to become mindful of the things I buy. Instead of just purchasing blindly, I've been asking myself... do I really need this rice syrup, or will the honey I already have do the trick? Maybe a weird example, but from a girl with about 518 different types of sweeteners in her pantry, this is a fair question to be asking. One of the best things in all of this has been coming up with ways to simplify in the kitchen. I've been making my own cereal, sprouting seeds, and cooking pulses. All easy stuff, but I'm surprised at what a huge impact it's made to our grocery bill and my feeling of self-sustenance. The easiest and most rewarding change I've made in the kitchen has been experimenting with dairy-free alternative milk recipes. From homemade sesame milk, making my own hemp milk, almond milk; and most recently, creating this tasty flax milk recipe.

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folate folic acid vitamin compatibility chart vitamins compatibility chart vitamins compatibility  
charts

Telegram, [19.08.20 13:28]

It has been proposed that defective activation of suppressor or regulatory T cells is one mechanism involved in the uncontrolled inflammatory process seen in inflammatory bowel disease (IBD). Because suppressor/regulatory T cells are thought to play a role in the promotion of oral tolerance, we attempted to induce oral tolerance in normal controls (n = 21) and patients with either Crohn's disease (CD; n = 12) or ulcerative colitis (UC; n = 13). In the first study, subjects were fed the neoantigen keyhole limpet hemocyanin (KLH) on days 1 to 5 and 11 to 15. Subcutaneous immunization with KLH was performed on day 26, with a booster immunization on day 35. Blood for KLH-induced T cell proliferation and serum for anti-KLH antibody production was obtained at baseline, on day 26 preimmunization (postfed), on day 35 after the first immunization, and again on day 42 after the second immunization. In normal individuals, KLH feeding prior to immunization and booster resulted in reduced KLH-specific T cell proliferation compared with the group that was not fed KLH. However, although on the same KLH-feeding protocol, both CD and UC patients demonstrated significantly enhanced proliferation without oral tolerance induction when compared with baseline values. These data suggest that oral tolerance induction is defective in patients with IBD. This may reflect an in vivo functional defect in mucosal suppression of immune responses in IBD. Both UC and CD appear to be multigenic disorders with evidence of familial segregation. We analyzed four multiplex Crohn's and two UC families to determine whether the defect in tolerance induction was genetically regulated. In three of the four CD families at least one unaffected family member also failed to tolerate (total 5 of 14 unaffected family members). In the UC families, the defect in tolerance segregated with disease. These data suggest a genetic defect in tolerance induction in Crohn's disease

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Telegram, [19.08.20 14:04]

herpes simplex virus (HSV II) infection there was a transient mild increase in CD8+ cells, followed by a decrease.[19] It is also well established that after bone marrow graft, the number of CD8+ T cells increases more rapidly than that of CD4+ T cells, and there is a correlation between this increase and the incidence of graft-versus-host disease (GVHD).[20] In GVHD, tissues are infiltrated by CD8+ cells,[21] stressing the role of these cells in the development of the immune response in this disorder.



CD8<sup>+</sup> cells usually participate in T cell-mediated immune reactions, and therefore they may play a crucial role in some autoimmune diseases. One of the best known examples is the diabetogenic potential of CD8<sup>+</sup> cells in rats developing type 1 (insulin-dependent) diabetes mellitus after thymectomy and irradiation.[22] In this experiment, CD4<sup>+</sup> cells exerted a protective role. CD8<sup>+</sup> T cells from non-obese diabetic mice readily transferred diabetes in very young animals.[23] In the same strain, CD8<sup>+</sup>  $\gamma$ - $\delta$  T cells induced by insulin were able to suppress adoptive transfer of diabetes

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Telegram, [19.08.20 14:07]

Azathioprine caused lymphopenia when used in high (2 mg/kg/day) dosages for an extended period.[42] No increase in the frequency of infections has been reported with this drug.

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Telegram, [19.08.20 14:13]

Lymphopenia developed in 32 of 56 patients treated with 2 mg of azathioprine per kilogram per day for more than two years.

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Telegram, [19.08.20 14:15]

Purine nucleoside analogues such as cladribine, a novel class of immunosuppressive drugs, induce apoptosis of resting T cells. They caused prolonged lymphopenia predominating in T cells, especially CD4<sup>+</sup> cells.[43,44] In another study, cancer patients treated with cladribine displayed a more profound decrease in CD8<sup>+</sup> cells.[45]

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#### Corticosteroids

Corticosteroid treatment profoundly inhibits lymphocyte functions. Particularly at high dosages, corticosteroids cause thymic involution and a persistent decrease in T cell numbers.[48] Corticosteroids also affect lymphocyte recirculation,[49] but in humans corticosteroid treatment usually does not result in marked lymphopenia.[50] However, serial lymphocyte measurements in stable renal transplant patients receiving long-term methylprednisolone revealed a marked decrease in T cells, affecting both CD4<sup>+</sup> and CD8<sup>+</sup> cells.[51]

Corticosteroid treatment definitely increases the risk of opportunistic infections, the risk depending on the dosage and the duration of treatment.[52] However, a clear-cut correlation between immunosuppressive treatment of systemic autoimmune diseases and infection is

difficult to draw, since the diseases themselves are associated with an increased risk of infection.[11]

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### Thymus Hormones

Thymus hormones modulate T cell maturation and T cell functions. Their effects upon T lymphocytes are extremely complex. Thymomodulin, a calf thymus lysate, enhanced the CD4+/CD8+ ratio in the early stage of HIV infection by causing an absolute increase in CD4+ lymphocytes and a decrease in CD8+ cells.[59] Similar 'normalisation', i.e. enhancement, was seen in other chronic inflammatory diseases with low CD4+/CD8+ ratio.[60] Thymostimulin, a calf thymus extract used in a variety of primary and secondary immune deficiencies, selectively decreased CD8+ T cell numbers in patients with atopic eczema while CD3+ and CD4+ cells remained unchanged.[61] Thymopentin, a synthetic thymic pentapeptide, prevented postoperative CD3+ and CD4+ lymphopenia but failed to prevent the fall in CD8+ cells.[62]

Telegram, [19.08.20 14:19]

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Telegram, [19.08.20 14:21]

### Other Drugs

#### 3.7.1 Cimetidine

Cimetidine, a histamine H<sub>2</sub> receptor antagonist, exerts a marked immunomodulatory effect in experimental animals. The effect in humans is less documented. Administration of cimetidine 800 mg/day to healthy participants resulted in a decrease in the absolute number of CD8+ cells (from 0.37 to 0.26 × 10<sup>9</sup>/L at day 7 of treatment), and accordingly the CD4+/CD8+ ratio showed a significant increase (2.8 vs 3.6).[67]

#### 3.7.2 Carbamazepine

Leucopenia is well known as an adverse effect of this anticonvulsant drug. In a patient with chronic lymphocytic leukaemia, carbamazepine was reported to exert a reproducible suppressive effect on lymphocyte count.[68]

#### 3.7.3 Imidazoles

Imidazole compounds are used in a variety of pathological states, e.g. in fungal infections. In animal studies, 2-acetyl-4-tetrahydroxybutylimidazole, an immunosuppressive component of caramel food colouring (Caramel Colour III), reduced the number of both CD4+ and CD8+ cells in peripheral blood. This effect was mainly exerted by preventing the recruitment of CD4+ T cells.[69]

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Telegram, [19.08.20 14:23]

### Drugs Used in Osteoporosis

Biphosphonates are widely used for the treatment of osteoporosis, and leucopenia and/or lymphopenia have been repeatedly reported with these drugs. Leucopenia and/or lymphopenia were observed when alendronate was administered short term at high dosages to patients with postmenopausal osteoporosis.[71] Similar effects were reported also with pamidronate.[72]

Salmon calcitonin, widely used in osteoporosis, was found to increase the CD4+/CD8+ ratio from

1.6 to 2.3 after 90 days. This change was explained by an insignificant decrease in CD8+ T cell count.[73]

Ipriflavone, a synthetic isoflavone derivative, has been used in several countries for prevention and treatment of osteoporosis. Its efficacy and long term tolerability has been documented.[74] Recently, a decrease in lymphocyte number was observed in patients treated with ipriflavone.[75,76] In another clinical study, a relatively frequent occurrence of lymphopenia (about 20% decrease in ab-

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Drug Safety 1999 Aug; 21 (2)

98

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solute lymphocyte count) was reported after several months of administration. CD8+ cells were more profoundly affected than CD4+ cells. After cessation of treatment, lymphocyte counts slowly normalised. In spite of this immunological adverse effect, no significant consequences (i.e. infections) were observed.[77]

Telegram, [19.08.20 14:23]

<https://zero.sci-hub.tw/2066/39b0e67d72ae90a7ef58e97394dbfcff/gergely1999.pdf>

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Calcitonin deficiency in early stages of chronic autoimmune thyroiditis

Maria F. Borges Neusa M. A. Abelin Fernanda O. M. Menezes ... See all authors

First published: 04 May 2004

<https://doi.org/10.1046/j.1365-2265.1998.00478.x>

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nin+anti-inflammatory&oq=calcitonin+anti+&gs\_lcp=ChNtb2JpbGUtZ3dzLXdpei1zZXJwEAEYADIGCAAQFhAeMgYIABAWEB4yBggAEBYQHjIGCAAQFhAeOgQIABBHOgQIIxAnOgIIADoFCAAQkQI6BwgAEBQQhwJQIW1Y-JcBYIGjAWgAcAF4AIABrAGIAdkRkgEEMC4xN5gBAKABAcABAQ&scient=mobile-gws-wiz-serp

Telegram, [19.08.20 14:36]

Cyclophosphamide is well known for causing profound lymphopenia. This may also increase the

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Drug Safety 1999 Aug; 21 (2)

Drug-Induced Lymphopenia

95

risk of infections, in particular opportunistic infections, when it is administered in high dosages.[38] In a study using low dosage intravenous pulse therapy in severe connective tissue diseases, lymphopenia was observed in 20%, and infections in 7.7%, of patients.[39] Although it affects all lymphocyte subsets, cyclophosphamide administered intravenously to rheumatoid arthritis patients resulted in a decrease of CD4+ cells after 6 weeks of treatment.[36]

Telegram, [19.08.20 14:36]

<https://zero.sci-hub.tw/2066/39b0e67d72ae90a7ef58e97394dbfcff/gergely1999.pdf>

Telegram, [19.08.20 14:39]

Results: Infection occurred in 45 of 100 patients during CYC therapy. Patients with infection were more likely to have multiple organ disease (49% versus 29%;  $P = 0.04$ ), a lower nadir in the white blood cell (WBC) count (2,818 versus 3,558 cells/microliter;  $P = 0.02$ ), and a higher maximum corticosteroid dose (195 versus 73 mg;  $P \leq 0.01$ ) than patients without infection. Infection occurred with equal prevalence in those who received intravenous (IV) (39%) or oral (40%) CYC, but was more common with use of sequential IV and oral therapy (68%). By multivariate analysis, the strongest association with infection was a WBC nadir  $\leq 3,000$  cells/microliter (odds ratio [OR] 2.8, 95% confidence interval [95% CI] 1.4-5.5) and use of sequential IV and oral CYC (OR 2.3, 95% CI 1.2-4.3). Infection occurred in more CYC-treated patients taking concomitant steroids than in those treated with high-dose steroids alone (45% versus 12%;  $P = 0.001$ ). Fatal and opportunistic infections during CYC therapy were associated with a low WBC nadir and a high maximum corticosteroid dose.

Conclusion: The risk of serious infection in patients with SLE is influenced by the inclusion of CYC in the treatment regimen. The likelihood of infection in this setting is enhanced by CYC-induced reductions in the total WBC count  $< 3,000$  cells/microliter and by sequential IV and oral therapy.

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<https://pubmed.ncbi.nlm.nih.gov/8814058/>

Telegram, [19.08.20 14:42]

Severe infections in plasmapheresis-treated systemic lupus erythematosus.

Aringer M, et al. Arthritis Rheum. 1998. PMID: 9506568

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Danza A, et al. Lupus. 2013. PMID: 24098001 Review.

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Relationship Between Immunosuppressive Therapy and the Development of Infectious Complications Among Patients with Anti-neutrophil Cytoplasmic Antibody-associated Vasculitis: A Single-center, Retrospective Observational Study.

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Comparing the burdens of opportunistic infections among patients with systemic rheumatic diseases: a nationally representative cohort study.

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Clinical features of central nervous system infections and experience in differential diagnosis from neuropsychiatric lupus erythematosus in a cohort of 8491 patients with systemic lupus erythematosus.

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<https://pubmed.ncbi.nlm.nih.gov/31723485/>

Telegram, [19.08.20 14:44]

Oral candidiasis is a significant predictor of subsequent severe infections during immunosuppressive therapy in anti-neutrophil cytoplasmic antibody-associated vasculitis.

Yamaguchi M, et al. BMC Infect Dis. 2019. PMID: 31349802 Free PMC article.

Experience with seven Japanese patients with antineutrophil cytoplasmic antibody-associated vasculitis treated with remission-induction therapy with intravenous cyclophosphamide according to the CYCLOPS protocol.

Oiwa H, et al. Intern Med. 2014. PMID: 25318790 Clinical Trial.

Risk factors for infectious complications of ANCA-associated vasculitis: a cohort study.

Yang L, et al. BMC Nephrol. 2018. PMID: 29902982 Free PMC article.

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<https://pubmed.ncbi.nlm.nih.gov/29902982/>

Telegram, [19.08.20 14:46]

pneumonia (71.8%, 74/103) was the most frequent type of infection, and the main pathogenic spectrum included bacteria (78.6%), fungi (12.6%), and viruses (8.7%). The risk factors associated with infection were age at the time of diagnosis (HR = 1.003, 95% CI = 1.000-1.006), smoking (HR = 2.338, 95% CI = 1.236-4.424), baseline serum creatinine (SCr)  $\geq 5.74$  mg/dl (HR = 2.153, 95% CI = 1.323-3.502), CD4+ T cell  $< 281$   $\mu$ l (HR = 1.813, 95% CI = 1.133-2.900), and intravenous cyclophosphamide regimen (HR = 1.951, 95% CI = 1.520-2.740). Twelve (13.9%) patients died of severe pneumonia

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Multivariate Cox proportional hazards models identified lower serum albumin (per 1 g/dl adjusted hazard ratio (HR) = 0.38, 95% confidence interval (CI): 0.15-0.85; P = 0.018), use of methylprednisolone pulse (adjusted HR = 5.44, 95% CI: 1.54-20.0; P = 0.010), and OC (adjusted HR = 5.31, 95% CI: 1.86-15.8; P = 0.002) as significant predictors of severe infection. Furthermore, a significant effect modification of the use of methylprednisolone pulse on OC was observed (P < 0.001).

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We evaluated the rate of severe infections that occurred during CYC therapy and the 3 subsequent months.

## Results

Systemic lupus erythematosus was the most common disease, and diffuse proliferative glomerulonephritis the most frequent indication. Severe infection occurred in 9 patients (15%). Community acquired pneumonia was the most frequent infection with 3 cases (33%) followed by Herpes Zoster with 2 reports (22%). The cumulative dose of corticosteroid was the only significant risk factor for infection,  $32.8 \pm 16.7$  vs  $20.1 \pm 15.3$ , P=0.007.

Telegram, [19.08.20 16:40]

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